


FROM :

FAX NO. :

Apr. 28 2006 02:11AM P2

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # V55382	
1. Entity Name QUALITY PEOPLE GROUP ENTERPRISE, INC. II	

Principal Place of Business STOP - N - SHOP 499 SR 434 / STE 1017 ALTAMONTE SPRINGS, FL 32714 US	Mailing Address STOP - N - SHOP 499 SR 434 / STE 1017 ALTAMONTE SPRINGS, FL 32714 US
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04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3135531	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Declared <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PATEL, SALIM 2924 CORRINE DRIVE ORLANDO, FL 32803	
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DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am (transfer with, and accept the obligations of registered agent:

SIGNATURE: *[Signature]* **PATEL SALIM.** 04.28.06

SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED AGENT AND DATE OF SIGNATURE NOTE: Registered Agents deposit are required when reappointing DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing True Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000551491
05/13/06-80104-003

150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS PATEL, SALIM 2924 CORRINE DRIVE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATEL, SALIM 2924 CORRINE DRIVE ORLANDO, FL 32803
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 887, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **PATEL SALIM.** 04.28.06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Day/Sec/Minute #